

**Scholarship Program  
Ladies Auxiliary  
Alabama Independent Automobile Dealers Association  
Directions and Qualifications for the Applicant**

1. To be eligible, applicant must:
  - (a) Be a high school senior by state standards
  - (b) Be the son, daughter or grandchild or in the guardianship of an active AIADA member (in case of guardianship must provide legal documents)
  - (c) Must supply a transcript of courses, grades, class ranking, and scores on college entrance exams such as SAT or ACT taken by applicant
  - (d) Provide a personal resume' reflecting extra curricular, civic and personal activity of applicant while in High School.
  - (e) Application must be signed by all required to sign.
  - (f) In order to be more fair and equitable we request that you **DO NOT** include a photo with this application. However, we do require a presentable press photo to be supplied by the winner(s) of this award.

2. All information included in this application must be completed by applicant and returned to:

AIADA  
Ladies Auxiliary Scholarship Committee  
P.O. Box 19627  
Birmingham, Al. 35219

or the application can be delivered during the hours of 8:00 AM to 5:00 PM Monday thru Friday (except holidays) to the AIADA office at: 120 Vulcan Road Birmingham, Al. 35209

***ALL INFORMATION SUPPLIED BY APPLICANT IS FOR USE BY THE SCHOLARSHIP COMMITTEE OF THE LADIES AUXILLIARY OF AIADA AND WILL BE TREATED AS CONFIDENTIAL.***

3. In the same calendar year the scholarship is awarded, applicant must have filed an application for admission and be accepted to an accredited college or technical school prior to the fall term of the chosen institute. The applicant must provide this information and provide a mailing address of the office of admissions or the appropriate recipient of the scholarship monies 30 days prior to the first day of fall registration. If the awarded scholarship monies are not properly filed for and collected by the beginning of the next calendar year the scholarship will be considered abandoned and the funds returned to the Ladies Auxiliary of the AIADA for future scholarship funding. It is the scholarship recipient's responsibility to make all of the arrangements for college admission and to provide all the information needed to the Ladies Auxiliary Scholarship Committee in order to fulfill the financial obligations of this committee.

4. The AIADA Ladies Auxiliary scholarship is in the amount of **\$1,000.00** for one (1) year. The Scholarship Committee of the Ladies Auxiliary will review the application and the scholarship will be awarded to the winning nominee(s) with the best record of academic achievement, community involvement, and will be weighted with the amount of work history and extra curricular activity in which the applicant has been a successful participant. The best-rounded individual with the best records reflecting the ability to achieve and succeed at the next level will be the recipient of this award.

5. Scholarship recipients will be notified by March 31, 2010. In addition to a press release in the local newspapers, awards day at the recipient's high school, recipient(s) will be honored at AIADA's annual convention during the awards banquet.

**APPLICATION DEADLINE: FEBRUARY 29, 2010**

**APPLICATION INFORMATION**

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
          First                  Middle                  Last

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Date of Awards Day: \_\_\_\_\_ Name of guidance counselor: \_\_\_\_\_

Name of Local Newspaper: \_\_\_\_\_

Name of Dealership (how eligible): \_\_\_\_\_

Relationship to qualified dealer: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Name of institute that applicant plans to attend: \_\_\_\_\_

Course of study or major planning to pursue: \_\_\_\_\_

In your own limited words answer the following questions:

1. What is your most memorable experience of high school?

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2. How has your exposure to the automobile business affected your life?

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Signature of Applicant: \_\_\_\_\_

Printed name of Applicant: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Printed name of Parent or Guardian: \_\_\_\_\_

Signature of guidance or career counselor: \_\_\_\_\_

Printed name of guidance or career counselor: \_\_\_\_\_

Signature of qualifying dealer: \_\_\_\_\_

Printed name of qualifying dealer: \_\_\_\_\_

**Must Include Following:**

**Transcript of Grades**

**Resume'**

**SAT or ACT scores (should be on transcript)**

**Optional:**

**Letters of recommendation (maximum of 5)**